N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

DEC 12 1935

791

37630

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9603

City St. Louis Mo (No. Gate Hosp Harrison St. ..... Ward)

2. FULL NAME Mary Moore

(a) Residence, No. 3893 Bell N R Ward. Fayetteville Mo (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2nd 1891

7. AGE YEARS 44 MONTHS 6 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

FATHER

13. NAME Abe Ricks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER

15. MAIDEN NAME Courtney ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John Moore 3832 Bell

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayetteville Mo 11/18/35 19

19. UNDERTAKER (ADDRESS) Bruce Und Co. 1003 N Jefferson Ave

20. FILED NOV 16 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 — 14 —, 1935, to 11 — 14 —, 1935

I last saw her alive on 11 — 14 —, 1935. Death is said to have occurred on the date stated above, at 6:10 P.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction with gangrene caused by incarcerated ventral hernia (contraumatic)

Date of onset

Other contributory causes of importance:

Chronic myocarditis

Chronic nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) [illegible]